Schedule E)	PAGE 1 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O cocceree
Check if 24-hour report 48-hour report New report Amends report f	illed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Joseph R English	10 02 2014
Mailing Address 915 East Market Ave Apt 4	Amount
City State Zip Code	100.00
Searcy AR 72143	Transaction ID: c3283523-9ee2-4d6d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
	isbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	30.00
Winston Salem NC 27105	Transaction ID : 4ddbd3bb-04a4-49c8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 03 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LIVI EXI LIVE	HONES	PAGE 2 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			10 03 2014 Amount
City	State	Zip Code	4.89
Winston Salem	NC	27105	Transaction ID : 68400c7a-b0cb-40d1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee  Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			10 03 2014 Amount
			Allount
City Rural Hall	State NC	Zip Code 27045	30.00 Transaction ID: 6a71a2cd-b6e9-4001-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  10 03 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	347473.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		34.89
(b) SUBTOTAL of Uniternized Independent Exp	enditures		
			4 4
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXICIO	TIONES	PAGE 3 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			10 03 / 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 132947b9-4bf9-46ab-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			10 03 7 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: d573a397-a44a-4da6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. • 160.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 7 2014
<b>J</b>			

Schedule E)	DENT EXICIO	TIONES	PAG FOF	GE 4 OF 88 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	rt New rep	port Amends repo	rt filed on M M / D	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Jennifer E Smith				03 / Y Y Y Y Y Y 2014
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		6.60
Morganton	NC	28655	Transaction ID : 49 Date of Disbursem	9a63197-8568-4d45-b ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	03 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		X Oppose	President X Se	enate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  2014  Other (specify)	Primary General
Full Name of Payee			Date of Public Dis	tribution/Dissemination
Lilly Green				03 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		30.00
Shreveport	LA	71119	Transaction ID : f75  Date of Disbursem	
Purpose of Expenditure Salary		Category/ Type 001		03 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For: 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	36.60
#X				
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 /	Y Y Y Y Y 2014
•				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 600330700
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	27.60
Shreveport LA 71119	Transaction ID: c99615b0-9a8c-4333-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 03 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Sandra H Wagner	Date of Public Distribution/Dissemination
	10 03 2014
Mailing Address 5828 Rena Road	Amount
City State Zip Code	25.00
Hamptonville NC 27020	Transaction ID: 5be1eec8-810f-4fa6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 03 / 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SUBTOTAL OF REMIZED INDEPENDENT Expenditures	52.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Bato	0 05 2014
Signature	

Schedule E)	OF INDEPENDENT EX	(I LIVE	TOTILO		PAGE 6 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends rep	port filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee					Date of Public Distribution/Dissemination
Sandra H Wagne					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5828 Re	ena Road				Amount
City	State	е	Zip Code		7.20
Hamptonville	NC		27020		Transaction ID : 15c25c43-6a9a-4e75-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 00	12	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	ate		Support	Office	e Sought: House District: 00
Ms. Kay Hagan			X Oppose		President State: NC
Calendar Year-To-Da Per Election for Office		3	347473.93	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	<del></del>				Date of Public Distribution/Dissemination
Heather A Smith					10 03 / Y Y Y Y Y Y
Mailing Address 995 C	Clairborne Rd			ĺ	Amount
City	State	te	Zip Code		35.00
Calhoun	LA		71225		Transaction ID : 45cdd366-abc1-4e29-b Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00	1	10 03 2014
Name of Federal Candid	ate		Support	Offic	ee Sought: House District: 00
Ms. Mary L Landrieu			X Oppose		President Senate State: LA
Calendar Year-To-Da Per Election for Offi			143592.05	Disbi 2014	ursement For:  Primary
(a) SUBTOTAL of Itemize	ed Independent Expenditures				42.20
.,				,	7 7 7
(b) SUBTOTAL of Unitem	ized Independent Expenditures			···· <b>&gt;</b>	
(c) TOTAL Independent E	Expenditures			····· <b>&gt;</b>	
with, or at the request or		authorized			nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buc	hanan	[Electron	ically Filed] Da	ate 1	10 05 Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE FOR S	7 OF 88 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee Heather A Smith			Date of Public Distribu	
Mailing Address 995 Clairborne Rd			10 03 Amount	2014
- City	01-1-	7:- 0-1-		45.00
City Calhoun	State LA	Zip Code 71225	Transaction ID : 1256 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	10 / 03	/
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	.,,	143592.05	Disbursement For:  Pri 2014  Other (specify) ▶	mary X General
Full Name of Payee Brittnie W Campbell			Date of Public Distrib	) / Y Y Y Y Y
Mailing Address 5828 Rena Road			Amount 03	2014
City	State	Zip Code		25.00
Hamptonville	NC	27020	Transaction ID : 006b4 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	10 03	2014
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Kay Hagan		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For: Pri 2014 Other (specify)	mary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		<b>•</b>	40.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
			4	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 Y	2014 Y
S.g.iataro				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G 00030700
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Carla K Pilgreen	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr	Amount
City State Zip Code	32.50
West Monro LA 71291	Transaction ID: 09eb8532-59c4-460c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Carla K Pilgreen	10 03 / 2014
Mailing Address 212 Stonecliff Dr	Amount
City State Zip Code	4.98
West Monro LA 71291	Transaction ID: 089122e0-abd9-4e3e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 03 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	37.48
(a) COD TO THE OF HOME EXPONENTIAL EXPONEN	7 07.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
· Duto	0 05 2014
Signature	

Schedule E)	JENT EXILIND	TIONES	PAGE 9 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			10 03 / 2014
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	70.00
Forest City	NC	28043	Transaction ID : c6256d7a-d407-4b72-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	347473.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			10 03 7 2014
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	40.56
Forest City	NC	28043	Transaction ID : 2a08015e-a257-4b9f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		110.56
(b) OUDTOTAL of Heliconical Independent For			
(b) SUBTOTAL of Unitemized Independent Ex	penaitures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Women Speak Out PAC    C   Coossore		meduic Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  NC 27012  Clemmons NC 27012  Name of Federal Candidate Ms. Kay Hagan  Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Name of Federal Candidate Ms. Kay Hagan  Clemmons  NC 27012  Tonisaction ID: 4e99653-5711-4e5e-b Date of Distursement or Obligation  Tonisaction ID: 4e99653-5711-4e5e-b Date of Distursement For:  President  Senate  State: NC Distursement For:  Primary  General  Tonisaction ID: 565766-981-48dc-b Date of Puttic Distribution/Dissemination  Tonisaction ID: 565766-981-48dc-b Date of Puttic Distribution/Dissemination  Tonisaction ID: 563766-981-48dc-b Date of Pu	۷۱	vomen Speak Out PAC	C C00530766
Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Persinger-Buckler  City State Zip Code Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Oppose President Senate State: NC 2014  Date of Public Distribution Dissemination  Toni A Persinger-Buckler  City State Zip Code Purpose of Expenditure Mailing Address 5330 Nestleway Dr  Other (specify)   Name of Federal Candidate  Mailing Address S330 Nestleway Dr  Other (specify)   Name of Federal Candidate  Ms. Kay Hagan  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NC 27012  Transaction ID: 4e69653-5711-4e5e-b Date of Disbursement or Obligation  Toni A Persinger-Buckler  Date of Public Distribution Dissemination  Toni A Persinger-Buckler  Category	Ch	eck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Name of Federal Candidate Support Clemmon of President Senate State: NC Clemmon of President Senate State: NC Clemmon of Expenditure Support NC 27012  Full Name of Payoe Tonia A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons Code Sought Senate State: NC Clemmon of Payoe Tonia A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage Category 002  Name of Payoe Tonia A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage Sought State: NC Category 002  Name of Payoe Tonia A Persinger-Buckler  Miscay Hagan Soupport Office Sought House District: 00 Amount State: NC Category 002  Calendar Year-To-Date Senate State: NC Date of Disbursement or Cibigation President Senate State: NC Date of Disbursement For: Primary General Per Election for Office Sought 347473.93  Calendar Year-To-Date Senate State: NC Date of Date of Public Distribution/Dissemination President Senate State: NC Date of Da			Date of Public Distribution/Dissemination
City State Zip Code Clemmons NC 27012  Purpose of Expenditure Salary Type O01  Name of Federal Candidate Ms. Kay Hagan  Calendar Year To-Date Per Election for Office Sought  Mailing Address 5330 Nestleway Dr  City State Zip Code Transaction ID: 4e69e53-5711-4e5e-b Date of Disbursement or Obligation  Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate NS. Kay Hagan  Category/ Mailing Address 5330 Nestleway Dr  City State Zip Code Tippe O02  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Primary Coeneral  Provided Type O02  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Primary Coeneral  Provided Type O02  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Primary Coeneral  Provided Type O02  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral  Transaction ID: 566576e5-891-486c-b Date of Disbursement For: Date Primary Coeneral		Toni A Persinger-Buckler	
Clemmons  NC  27012  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Category/ Misage  NC  27012  Transaction ID: 4e6f953-5711-4e5e-b Date of Disbursement or Obligation  Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Category/ Misage  NC  Category/ Type  Toni A Persinger-Buckler  NC  Category/ Type  Transaction ID: b6a57666-a9a1-846-b Date of Public Distribution/Dissemination  Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Amount  City State  Category/ Type  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement or Obligation  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement For:  Transaction ID: b6a5766-a9a1-846-b Date of Disbursement For:  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement Fo		Mailing Address 5330 Nestleway Dr	Amount
Clemmons  NC  27012  Furpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Caledar Year-To-Date Purpose of Expenditure Salary  Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Category/ Misage  NC  27012  Transaction ID: 4e6f953-5711-4e5e-b Date of Disbursement or Obligation  Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Category/ Misage  NC  Category/ Type  Toni A Persinger-Buckler  NC  Category/ Type  Transaction ID: b6a57666-a9a1-846-b Date of Public Distribution/Dissemination  Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  Amount  City State  Category/ Type  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement or Obligation  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement For:  Transaction ID: b6a5766-a9a1-846-b Date of Disbursement For:  Transaction ID: b6a57666-a9a1-846-b Date of Disbursement Fo		City State Zin Code	25.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Salary  Calendar Year-To-Date Per Election for Office Sought  City State  City State  Category/ Mileage  Category/ M		l ' '	Transaction ID : 4e6f9653-5711-4e5e-b
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Clemmons  NC  27012  Purpose of Expenditure Mileage  NS. Kay Hagan  Nopose  Category/ Mileage  Calendar Year-To-Date Per Election for Office Sought  Nopose  Transaction ID: b6a576e6-aba1-48dc-b Date of Disbursement or Obligation  Mileage  Category/ Mileage  Category/ Mileage  Category/ Mileage  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Mileage  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Mileage  Ca		Salary Category/ 001	M M / D D / Y Y Y Y
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  Senate State: NC  Disbursement For: Primary General  2014 Other (specify) ▶  Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage  NC 27012  Name of Federal Candidate Ns. Kay Hagan  Name of Federal Candidate Ns. Kay Hagan  No Oppose  Calendar Year-To-Date Per Election for Office Sought  Array Senate State: NC  Disbursement or Obligation  Transaction ID: b6a576e6-a9a1-48dc-b Date of Disbursement or Obligation  Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  IElectronically Filed  Date  President Senate State: NC  Disbursement For: Primary General  Other (specify) ▶  27.85		Name of Federal Candidate Support Offic	e Sought: House District: 00
Per Election for Office Sought    State   Sta			
Full Name of Payee Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Kay Hagan Support  Calendar Year-To-Date Per Election for Office Sought Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date 10 05 2014		0.47.470.00	
Toni A Persinger-Buckler  Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Soppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 347473.93  Calendar Year-To-Date Per Election for Office Sought Office Sought Office Sought Office Sought Office Sought State: NC Calendar Year-To-Date Per Election for Office Sought Of		Per Election for Office Sought	
Mailing Address 5330 Nestleway Dr  City State Zip Code Clemmons NC 27012  Purpose of Expenditure Mileage  Name of Federal Candidate State			M M / D D / Y Y Y Y
Clemmons  NC 27012  Transaction ID: b6a576e6-a9a1-484c-b Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Ms. Kay Hagan  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Additional Substitution  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: b6a576e6-a9a1-484c-b Date of Disbursement or Obligation  To Obligation  Additional Properties  Transaction ID: b6a576e6-a9a1-484c-b Date of Disbursement or Obligation  Purpose of Expenditure  Double of Disbursement or Obligation  President  Additional President  Additional President  Additional President  Transaction ID: b6a576e6-a9a1-484c-b Date of Disbursement or Obligation  President  Additional President  Additional President  Additional President  Type  Office Sought:  House District:  O0  President  Additional President  Additional President  Additional President  To Obligation  To Obligati		Mailing Address 5330 Nestleway Dr	
Purpose of Expenditure Mileage    Category/		City State Zip Code	2.85
Purpose of Expenditure Mileage    Category/ Type   002		Clemmons NC 27012	
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC		Mileage Calegory/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President Senate State: NC
(c) TOTAL Independent Expenditures		2014	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date		(a) SUBTOTAL of Itemized Independent Expenditures	27.85
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  10  Date		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 05 2014	,	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[E1 - 4 1 1 1]	

PAGE 10

OF

88

Schedule E)	PENT EXICID	HONES	PAC FOR	GE 11 OF 88 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	330766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on Man / D	D / Y = Y = Y
Full Name of Payee Claud B Murphy JR			M M / D	tribution/Dissemination
Mailing Address PO Box 37			10	03 2014
- City	01-1-	7:- 0-1-		00.00
City East Bend	State NC	Zip Code 27018	Transaction ID : 5 Date of Disbursem	30.00 e844b48-b0ef-4adc-a tent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		03 / 2014
Name of Federal Candidate		Support	Office Sought: He	ouse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Claud B Murphy JR			M = M / D	
Mailing Address PO Box 37			Amount	03 2014
City	State	Zip Code		12.45
East Bend	NC	27018	Transaction ID : e7 Date of Disbursem	d7f758-c12b-46bd-8 nent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 0	03 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		Oppose	President X S	
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	42.45
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	
			4	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	- Apr   - Apr
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05	2014
S.g. accio				

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayaya
Full Name of Payee  Judith A Murphy	Date of Public Distribution/Dissemination
. ,	10 03 2014
Mailing Address PO Box 37	Amount
City State Zip Code	30.00
East Bend NC 27018	Transaction ID: 935db107-1166-4488-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 10
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Laura U Logie	10 03 / 2014
Mailing Address 2565 Shire Circle	Amount
City State Zip Code	30.00
Harrisonburg VA 22801	Transaction ID: f3812212-4936-457e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 03 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	0 05 2014
Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 13 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			10 03 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	40.00
Charlotte	NC	23215	Transaction ID : 423e1935-341a-4435-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			10 03 / Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	2.10
Charlotte	NC	23215	Transaction ID : a4d22acc-6529-4506-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. • 42.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 7 2014
-			

Schedule E)	LIVI EXI END	HONES	PAGE 14 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10 03 / 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	60.00
Bogalusa	LA	70427	Transaction ID: 595153c7-3388-4024-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			10 03 7 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	14.10
Bogalusa	LA	70427	Transaction ID : 62d953c1-b391-4cde-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	143592.05	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		. > 74.10
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) SOBTOTAL OF Officernized independent Exp	enditures		7
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / 2014

Schedule E)	JENT EXTEND	ITORES	PAGE 15 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 303			10 03 2014 Amount
City	State	Zip Code	10.00
Raleigh	NC	27606	Transaction ID : eee61a15-c0ca-4a11-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	347473.93	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 30	3		10 03 2014 Amount
City	State	Zip Code	2.43
Raleigh	NC	27606	Transaction ID : 781928f8-50d1-4473-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 12.43
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		
			72 1 27 1 27
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 2014
- 9			

Schedule E)	PAGE 16 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee Joshua J Huffman	Date of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave	10 03 2014 Amount
City State	Zip Code 30.00
Harrisonburg VA	Zip Code 30.00  22801 Transaction ID: 015172d5-9a66-4bc5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 03 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
James A Sears	10 03 / Y Y Y Y Y Y Y
Mailing Address 305 Averroe Dr	Amount
City State	Zip Code 30.00
Apex NC	27502 Transaction ID : b95dd36e-8fb5-47d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 10 03 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	Electronically Filed] Date 10 05 2014

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Laurel Littler		10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 145 Bradford Circle	An	nount
City Sta	ate Zip Code	30.00
Clayton	C 27527 Tra	ansaction ID : baf2baa2-b104-4334-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	347473.93 Disbursen 2014	nent For:
Full Name of Payee Laurel Littler  Mailing Address 145 Bradford Circle		tte of Public Distribution/Dissemination
City Sta	ate Zip Code	7.80
Clayton	C 27527 Trai	nsaction ID : 564aaecb-d3e8-43bf-b tte of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 03 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	347473.93 Disburser 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	· _	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	05 2014
Signature		

PAGE

17

OF

88

Schedule E)		10.120		PAGE 18 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Sandra L Clarke				ıblic Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			10	03 2014
			Amount	
City	State	Zip Code		30.00
Conway	AR	72032		on ID: c19d4e5a-6ba1-4a1a-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	26866.31	Disbursement For 2014 Other	r:
Full Name of Payee Matt M Clarke				ublic Distribution/Dissemination
Mailing Address			10	03 2014
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		30.00
Conway	AR	72032	Transaction Date of Di	n ID : 1cd6bea8-e041-4875-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	126866.31	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent E	Evnandituras			60.00
(a) SUBTUTAL OF REHIEZED HIDEPENDENT L	xperialitures		-	60.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	77
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 0	
Signature		_		

Schedule E)	PAGE 19 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
City of the second of the seco	M = M / D = D / Y = Y = Y
Check if24-hour report 48-hour report New report Amends report filed on	<u> </u>
Full Name of Payee Matt M Clarke	Date of Public Distribution/Dissemination  10 03 2014
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	9.00
Conway AR 72032 T	ransaction ID: db0fefc4-bb9b-412f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 03 / 2014
Name of Federal Candidate Support Office S	ought: House District: 00
Mr. Mark I. Prvor	resident State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
Full Name of Payee  Jeffrey Hampton	Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave	10 03 2014 Amount
City State Zip Code	20.00
Searcy AR 72149 Tr	ransaction ID : 74a6df1d-1552-4a04-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 03 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	29.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INI EXI END	TTOTILO	_	PAGE 20 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton			Date of Public I	Distribution/Dissemination
Mailing Address 1700 E Part Ave			10	03 2014
		7: 0 !		7.00
City Searcy	State AR	Zip Code 72149		7.38 : a1570bde-a1ff-497d-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 Date of Disputs	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	126866.31	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee Carol L Walters	_		M = M /	Distribution/Dissemination
Mailing Address 1900 Glen West Way			10 Amount	03 2014
City	State	Zip Code		30.00
Fort Smith	AR	72916		96417d5d-c22e-4b74-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- T	126866.31	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	37.38
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
,,			7	45
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 05	2014
• · · · · · · · · · · · · · · · · · · ·				

Schedule E)		10.120		PAGE 21 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carol L Walters			Date of Publi	c Distribution/Dissemination
Mailing Address 1900 Glen West Way			10 Amount	03 2014
City	State	Zip Code		7.20
Fort Smith	AR	72916		ID: 6df6a58e-fa24-423e-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	26866.31	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Joshua D Syrotchen  Mailing Address 915 East Market Ave	•		Date of Publ	ic Distribution/Dissemination  / 03 / 2014
City	State	Zip Code		60.00
Searcy	AR	72149		D : 4c331bd1-b7b0-42aa-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent	Expenditures		•	67.20
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 05	2014
Signature				

Schedule E)	DENT EXILIAD	ITOTILO	PAGE 22 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joshua D Syrotchen			10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	51.90
Searcy	AR	72149	Transaction ID: 4602a73b-e0c4-4e3d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sue G Walker			10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amount
City	State	Zip Code	30.00
Fort Smith	AR	72901	Transaction ID : 4fb6c3aa-8a69-4987-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,	126866.31	Disbursement For:  Primary  General  2014  Gther (specify) ▶
(a) CURTOTAL of Hamizad Indopendent Fund	anditure o		24.00
(a) SUBTOTAL of Itemized Independent Expe	manures		81.90
(b) SUBTOTAL of Unitemized Independent Ex	kpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	"L CHAPETAL EVI ETABL	TOTILO		PAGE 23 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Sue G Walker			10	03 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		6.60
Fort Smith	AR	72901		n ID : 52c7a566-7aa0-4599-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 n	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	26866.31	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Edward N Walker			10	03 2014
Mailing Address 3 Girard St			Amount	
City	State	Zip Code		57.50
Ft Smith	AR	72901		ID: 2a8b529b-cb42-41a7-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	nt Expenditures		. •	64.10
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		>	47
(c) TOTAL Independent Expenditures			·,	
Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party con	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D I	2014
Signature		_ · · · · · · · · · · · ·		

Scł	hedule E)			PAGE 24 FOR SE OF I	OF 88 FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATIO	
W	omen Speak Out PAC			C C00530766	
Che	ck if 24-hour report X 48-hour report X New report	Amends rep	ort filed on	= M / D = D /	Y = Y = Y = Y
_		·			
	Full Name of Payee  Edward N Walker			of Public Distribution/D	Dissemination 2014
١	Mailing Address 3 Girard St		Amou	nt	
H	City State Zip Code				22.20
	Ft Smith AR 72901			action ID : 1abb998b- of Disbursement or Ob	
ı	Purpose of Expenditure Mileage  Categor Typ			10 03	2014
ı	Name of Federal Candidate	Support	Office Sough	t: House D	District: 00
	Mr. Mark L Pryor	Oppose	Preside	ent Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought  126866.31		Disbursemen 2014 O	t For: Primary ther (specify) ▶	X General
Γ	Full Name of Payee		Date	of Public Distribution/D	Dissemination
	Lauren E Heffington		_ N	10 03 /	2014
ŀ	Mailing Address 488 Broadwell Dr			10 00	2011
			Amou	nt	
ŀ	City State Zip Code	)			20.00
	Nashville TN 37220		Transa Date	ction ID: c973c251-b of Disbursement or Ol	od11-4980-8 bligation
١	Purpose of Expenditure Salary  Categor Typ			10 / 03 /	2014
	Name of Federal Candidate	Support	Office Sough	t: House D	District: 00
L	Mr. Mark L Pryor	Oppose	Presid		State: AR
	Calendar Year-To-Date Per Election for Office Sought 126866	5.31	Disbursemer 2014	t For: Primary ther (specify) ▶	X General
(8	a) SUBTOTAL of Itemized Independent Expenditures		·· •	7	42.20
(l	b) SUBTOTAL of Unitemized Independent Expenditures		··· •	17 17	
(0	c) TOTAL Independent Expenditures		· ·	7 7	754
W	Under penalty of perjury I certify that the independent expenditures reported vith, or at the request or suggestion of, any candidate or authorized committee arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed	l) Date	e 10	05 / Y Y Y 2014	
	Signature				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	^		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	<u> </u>		C C00530766
Check if 24-hour report	48-hour report New rep	port Amends report fil	ed on Man / Dan / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Rachel L Anzalone			10 03 7 2014
Mailing Address 2319 West O	ak		Amount
City	State	Zip Code	20.00
El Dorado	AR	71730	Transaction ID: 960082fc-9640-42d3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support Of	ice Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office So	ught	126866.31 Dis	sbursement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Rachel L Anzalone  Mailing Address 2319 West	Oak		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	11.64
El Dorado	AR	71730	Transaction ID: 10a7c184-3ec2-46df-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 03 / 2014
Name of Federal Candidate		Support Of	fice Sought: House District: 00
Mr. Mark L Pryor		Oppose [	President Senate State: AR
Calendar Year-To-Date Per Election for Office So	ought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Ind	ependent Expenditures	·····	31.64
(b) SUBTOTAL of Unitemized I	ndependent Expenditures	·····	
(c) TOTAL Independent Expendent	ditures	······	
	estion of, any candidate or authorize		made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
Ms. Emily Buchanan		nically Filed] Date	10 05 2014
Oignatule			

PAGE

25

OF

88

Schedule E)	INT EXI END	TTOTILO		PAGE 26 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	03 / 2014
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		60.00
Searcy	AR	72149		D: e0a87203-0334-45c4-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	347473.93	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dylan J Sparks			10	03 / 2014
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		48.30
Searcy	AR	72149		: 00e7d744-49c0-4765-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	347473.93	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			108.30
				7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	7 1 2
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 05	2014
-				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 27 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			10 03 / 2014
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID: c32a875d-d3b8-4197-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	143592.05	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea L Hammond			10 03 7 2014
Mailing Address 12920 Kneeland Ln			Amount
City	State	Zip Code	60.00
Neosho	МО	64850	Transaction ID : c9e99ebe-5012-4187-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		140.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	AI ENDITORIES	PAGE 28 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report f	iled on DDD / YBYBY
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln		10 03 2014  Amount
City Stat	re Zip Code	30.00
Neosho MC	•	Transaction ID : ebb599d4-4a5f-4b2c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Nick Berryhill		10 03 2014
Mailing Address 905 Lake Drive		
		Amount
City	te Zip Code	17.00
Shelby NO	28152	Transaction ID: 0e50b42d-39e3-4adf-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 03 / 2014
Name of Federal Candidate	Support O	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		47.00
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Ms. Emily Buchanan	[Electronically Filed] Date	10 05 2014
Signature		

Schedule E)	II EXI END	II OILO		PAGE 29 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Nick Berryhill			M	10 03 2014
Mailing Address 905 Lake Drive			Amount	t
City	State	Zip Code	— II.	2.70
Shelby	NC	28152		ction ID: 5027676e-c868-43df-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	347473.93	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Logan B Piper				10 03 / 2014
Mailing Address 3205 Pebble Beach Rd			Amoun	t
City	State	Zip Code		57.00
Conway	AR	72034		etion ID: 917b4e6d-0e20-4478-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 03 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement 2014 Oth	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	59.70
(b) SUBTOTAL of Unitemized Independent Expendi	itures		•	42 1 42 1 43
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ · · · · · · · · · · · · · · · · · · ·	ا لنا ا	

Sche	edule E)	EXI ENDI	101120				PAGE 30 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Ameno	ds repo	rt filed on	- M /	D = D / Y = Y = Y
	ull Name of Payee Logan B Piper						Distribution/Dissemination
	ailing Address 3205 Pebble Beach Rd					10 /	03 / 2014
	OZOG POSSIC BODOTINA				Amou	nt	
Ci			Zip Code			,	19.38
		AR 	72034				D: e45bad73-b207-4b4a-8 rsement or Obligation
	urpose of Expenditure fileage		Category/ Type	002		10	03 / 2014
Na	ame of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
M	Ir. Mark L Pryor		<b>Х</b> Орр	ose	Preside	ent $\sum$	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	26866.31		Disbursemen 2014 O	t For: ther (sp	Primary
	Ill Name of Payee				Date	of Public	Distribution/Dissemination
1	Cecilla A Rebrick					10 /	03 2014
М	ailing Address 5003 Allison Lane						
					Amou	nt	
С	ity S	tate	Zip Code				60.00
		AR	72901		Transa Date	ction ID of Disbu	D: f14facdb-8c6b-484c-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		10	03 2014
N	ame of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
N	1r. Mark L Pryor		Х Орр	oose	Preside	ent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		126866.31		Disbursemer 2014 C		Primary
				·			
(a)	SUBTOTAL of Itemized Independent Expenditures				<b>•</b>	-7-	79.38
(b)	SUBTOTAL of Unitemized Independent Expenditures	S			<b>•</b>	-	
(c)	TOTAL Independent Expenditures				•	1 4	
with	der penalty of perjury I certify that the independent on, or at the request or suggestion of, any candidate of ty committee) any political party committee or its age	or authorized					
_	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	10	05	2014
	Signature						

Sch	edule E)	./\( \bar{\alpha}\)	101120				PAGE 31 OF 88 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	k if 24-hour report X 48-hour report	X New repo	ort An	nends repo	ort filed on	M = M	/ D D / Y Y Y Y
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Cecilla A Rebrick					10	03 2014
l iv	Mailing Address 5003 Allison Lane				Am	ount	
C	Dity Sta	ate	Zip Code				1.50
		AR	72901				ID: ba6c4af4-cbb1-4987-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			10	03 2014
Ν	Name of Federal Candidate		<u>'                                    </u>	Support	Office Sou	ıaht:	House District: 00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	26866.31		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	te of Publi	ic Distribution/Dissemination
	Antoinette Franklin					M M	/ D D / Y Y Y Y Y
	Mailing Address 8822 Apple St					10	03 2014
	ουσε πρρισ Οι				Am	ount	
	City St.	tate	Zip Code				60.00
_		LA	70188		Tran Dat	nsaction II te of Disb	D: 2a70bb30-63b8-40e7-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			10	03 2014
١	Name of Federal Candidate			Support	Office Sou	ıght:	House District:00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		143592.0	)5	Disbursem 2014	nent For: Other (sp	Primary X General
(a)	) SUBTOTAL of Itemized Independent Expenditures				· •		61.50
(b	) SUBTOTAL of Unitemized Independent Expenditures	;			. •		
(c)	) TOTAL Independent Expenditures				•		
wit	nder penalty of perjury I certify that the independent eth, or at the request or suggestion of, any candidate ourty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M 10	/ 05	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	INDEL ENDERT. EM E.T.	1101120		PAGE 32 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
			M = M /	D = D / Y = Y = Y
Check if 24-hour report	48-hour report New rep	port Amends repo	rt filed on	
Full Name of Payee Tammay Williams			Date of Public	Distribution/Dissemination
Mailing Address 924 N. Prieur S	.t		Amount	00 20
City	State	Zip Code		80.00
New Orleans	LA	70116		D: 59c09f19-aed0-45cc-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	143592.05	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Tammay Williams			M M M 10	03 2014
Mailing Address 924 N. Prieur	r St			2011
			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70116	Transaction ID Date of Disbu	D: bb661708-6954-4a73-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	143592.05	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indep	pendent Expenditures		•	95.00
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		<b>•</b>	
(c) TOTAL Independent Expendit	tures		•	
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 05	2014
Signature		_		

Schedule E)	. LXI LIND			PAGE 33 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends	report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Gary W Fuhrmann				Date of Public Distribution/Dissemination
Mailing Address 9425 Jessica Drive				10 03 2014 Amount
City	State	Zip Code		30.00
Shreveport	LA	71106		Transaction ID : d30f1b03-4e6f-448d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 03 / 2014
Name of Federal Candidate		Suppor	rt Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	e	President State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	143592.05	Disbu 2014	orsement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Gary W Fuhrmann				10 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive				Amount
				Amount
City	State	Zip Code		9.60
Shreveport	LA	71106		Transaction ID: a8776574-1f4c-4b88-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 D D D Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	rt Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	e	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	143592.05	Disbu 2014	orsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		····· <b>&gt;</b>	39.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		······ <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	Date 1	
Signature				

Schedule E)	IVI EXI EIVE			PAGE 34 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Nicholas O Wilcox			M = M	ic Distribution/Dissemination
Mailing Address 1981 Cherokee St			Amount	03 2014
City	State	Zip Code		40.00
Baton Rouge	LA	70806		ID: a3fd94ea-f34d-4365-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee Nicholas O Wilcox			Date of Publ	ic Distribution/Dissemination
Mailing Address 1981 Cherokee St			10	03 2014
			Amount	
City  Baton Rouge	State LA	Zip Code 70806		2.13 D : 85c2542a-5f34-4898-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	oursement or Obligation  Output  Outpu
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	143592.05	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>•</b>	42.13
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 10 05	2014

Sc	hedule E)	PAGE 35 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Т		Date of Public Distribution/Dissemination
	Meagan M Cates	10 03 / 2014
	Mailing Address 1425 Arden Lane	Amount
ŀ	City State Zip Code	40.00
		Transaction ID : 0640c476-f736-4d3e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 03 / 2014
ı	Name of Federal Candidate Support Office S	Sought: House District: 00
	Mr Mark I Pryor	President X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:  Primary
Γ		Date of Public Distribution/Dissemination
	Meagan M Cates	M M / D D / Y Y Y Y Y
ŀ	Mailing Address 1425 Arden Lane	10 03 2014
	- 1420 / Hadri Earlo	Amount
Ī	City State Zip Code	9.00
		ransaction ID : 91ab2953-231c-4188-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 03 / 2014
I	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disburg 2014	sement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	49.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)		1101120		PAGE 36 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Courtney Goldstein				blic Distribution/Dissemination
Mailing Address 1809 N Woodlawn			10 10	03 / 2014
1005 IN WOOdilawii			Amount	
City	State	Zip Code		60.00
Metairie	LA	70001		n ID: e521da27-6dc4-47d9-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For 2014 Other	: Primary X General
Full Name of Payee				blic Distribution/Dissemination
Courtney Goldstein			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn				03 2014
			Amount	
City	State	Zip Code		9.60
Metairie	LA	70001	Transaction Date of Dis	n ID : 1d7e7129-86aa-4e06-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 <sup>M</sup>	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		. •	69.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 09	
Signature				

Sche	dule E)	L/(1 L.(12)	10.120		PAGE 37 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
	I Name of Payee renda L McCune			Date	e of Public Distribution/Dissemination
Ма	iling Address 1254 Fleming St Apt 6			Amo	10 03 2014 ount
Cit	.,	State	Zip Code		120.00
	onway	AR	72032		nsaction ID : 00229dc6-7d8c-41fe-b e of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr	. Mark L Pryor		X Oppose	Presid	ident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	26866.31	Disburseme 2014	ent For:
В	Name of Payee renda L McCune			Date	e of Public Distribution/Dissemination
IVIC	illing Address 1254 Fleming St Apt 6			Amo	ount
Cit	y	State	Zip Code		22.20
	onway rpose of Expenditure	AR	72032	<b>Trans</b> Date	saction ID: c6e73505-7c35-4f07-b e of Disbursement or Obligation
	ipose of Experialitire ileage		Category/ Type 002		10 03 / 2014
Na	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Mı	. Mark L Pryor		X Oppose	Presi	ident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	126866.31	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			>	142.20
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		<b>-</b>	
(c)	TOTAL Independent Expenditures			··· <b>-</b>	
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate y committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 10	05 2014
S	Signature				

Sche	edule E)	<b>L</b> /(: L():	101.20		PAGE 38 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	III Name of Payee Ashley n Thompson				of Public Distribution/Dissemination
	ailing Address 272 Westgate Ct Apt 6			— L	10 03 2014
				Amou	nt
Ci	ty	State	Zip Code		35.00
L	exington	NC	27295		action ID : eaf982be-540a-4574-9 of Disbursement or Obligation
	ırpose of Expenditure alary		Category/ Type 001	TV	10 03 / 9 9 9 9
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	s. Kay Hagan		X Oppose	Preside	ent X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	47473.93	Disbursemen 2014	t For: Primary X General
Fu	Ill Name of Payee				of Public Distribution/Dissemination
l P	Ashley n Thompson			_ T	10 02 / Y Y Y Y Y
M	ailing Address 272 Westgate Ct Apt 6			L	10 03 2014
	Ç ,			Amou	ınt
Ci	ity	State	Zip Code		16.20
L	exington	NC	27295	Transa Date	of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		10 03 7 2014
Na	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
M	ls. Kay Hagan		Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			•	51.20
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		• •	
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized			
_	Ms. Emily Buchanan	[Electroni	cally Filed] Date	10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Sche	dule E)	L/(1 L1(2)			PAGE 39 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	Il Name of Payee ames Tatro				of Public Distribution/Dissemination
Ma	ailing Address 1208 Braeburn Rd			Amou	10 03 2014
				Allicui	
Cit	у	State	Zip Code		80.00
Cł	harlotte	NC	28211		action ID: e147f4e8-d847-44f2-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 03 / 2014
Na	nme of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	3	347473.93	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
	II Name of Payee			Date of	of Public Distribution/Dissemination
J	ames Tatro			M	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 1208 Braeburn Rd				10 03 2514
				Amou	nt
Cit	ty	State	Zip Code		6.60
	harlotte	NC	28211	Transa Date	ction ID: 805886ef-bd23-4995-b of Disbursement or Obligation
	ırpose of Expenditure lileage		Category/ Type 002	M	10 03 7 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Kay Hagan		Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	3		•	86.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(c)	TOTAL Independent Expenditures			· [	7 1 7 1 7
with	ler penalty of perjury I certify that the independer, or at the request or suggestion of, any candidate y committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	Signature		_		

Schedule E)	ENT EXILIB	TIONES	PAGE 40 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane			10 03 7 2014
Walling Address 200 Carawood Lane			Amount
City	State	Zip Code	65.00
Lexington	NC	27295	Transaction ID : 54bffbea-26f1-499b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	17117	347473.93	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Randy G Lookabill			10 03 2014
Mailing Address 200 Carawood Lane			Amount
City	State	Zip Code	10.50
Lexington	NC	27295	Transaction ID: 0cc779a5-2366-4c12-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. ▶ 75.50
(1) OUDTOTAL (11):	15		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	LIVI EXI ENL	ATTOTILES	PAGE 41 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Bassil			10 03 / Y Y Y Y Y
Mailing Address 7650 Fallswood Way			Amount
City	State	Zip Code	10.00
Lorton	VA	22079	Transaction ID: de7540a7-09c3-4ba5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	143592.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	80.00
Lenoir	NC	28645	Transaction ID: 0e5f37ed-292f-4fd7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		90.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	10 05 7 2014
-			

Schedule E)	L/(1 L.(12.	1101120		PAGE 42 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	-M / D - D / Y - Y - Y - Y
Check if 24-hour report X 48-hour report	X New repo	oort Amends repo	ort filed on	<u> </u>
Full Name of Payee Brittany A Frederick				of Public Distribution/Dissemination
Mailing Address 18793 Hilltop Ln			Amou	
City	State	Zip Code		90.00
Nevada	TX	75173		action ID : d5be210d-5f42-440a-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	126866.31	Disbursemen 2014 O	tt For:
Full Name of Payee Brittany A Frederick				of Public Distribution/Dissemination
			IV	10 03 2014
Mailing Address 18793 Hilltop Ln			Amou	int
City	State	Zip Code		70.00
Nevada	TX	75173		action ID : b401ed6e-3739-4916-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 03 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursemen 2014 O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				160.00
				<u> </u>
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	m m /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	10Liti L	1101120		PAGE 43 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lauren N Hamel				blic Distribution/Dissemination
Mailing Address PO Box 398			10	03 / 2014
			Amount	
City	State	Zip Code		70.00
Neosho	MO	64850		on ID: 5e50b6ff-b760-463c-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	126866.31	Disbursement For 2014 Other	: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Lauren N Hamel			10	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 398			Amount	
	Otata	75. 0.4.		20.00
City Neosho	State MO	Zip Code 64850	Transaction	39.00 n ID : e8b19242-d089-4a76-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	sbursement or Obligation  / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For 2014 Other	r: Primary
				10000
(a) SUBTOTAL of Itemized Independent Exp	enditures		<b>•</b>	109.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· •	7 1 2 1 2 1
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 09	
Signature		_		

Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 44 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Anthony Pearson			Date of Public	Distribution/Dissemination
Mailing Address 112 apache Dr			10 Amount	03 2014
City Search	State AR	Zip Code 72149	Transaction ID	20.00 : 23e2a7ad-c57f-4159-9
Purpose of Expenditure Salary		Category/ 001	M = M /	sement or Obligation
Galary		Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	126866.31	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Anthony Pearson			10	03 / 2014
Mailing Address 112 apache Dr			Amount	
City	State	Zip Code		7.35
Search	AR	72149		: 5f1db468-c023-4872-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	dituros			27.35
(a) SOBIOTAL OF REHIZED INDEPENDENT EXPEN	ultures		7	27.33
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 05	2014
S.g.iataro				

Schedule E)	ENT EXTEND	TIONES	PAGE 45 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary C Lee			10 03 / 2014
Mailing Address 1030 N Coolidge Ave			Amount
City	State	Zip Code	50.00
Gonzales	LA	70737	Transaction ID : b9f5f7a0-2df2-4e4c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	143592.05	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary C Lee			10 03 7 2014
Mailing Address 1030 N Coolidge Ave			Amount
City	State	Zip Code	11.58
Gonzales	LA	70737	Transaction ID : 52c97b8f-93d5-4815-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	143592.05	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 61.58
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 7 2014
•			

Schedule E)	JENT EXICIO	HONES	PAGE 46 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah J Landry			10 03 / 2014
Mailing Address 1110 N Coolidge			Amount
City	State	Zip Code	65.00
Gonzales	LA	70737	Transaction ID: 5882d40d-c391-46a8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah J Landry			10 03 7 2014
Mailing Address 1110 N Coolidge			Amount
City	State	Zip Code	13.08
Gonzales	LA	70737	Transaction ID: 653c5123-7164-422d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		78.08
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>y</del>			

Schedule E)	LXI LIVE					PAGE 47 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC						C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	= M /	D = D / Y = Y = Y
Full Name of Payee Patrice Wolfe					I = M	c Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd				Amou	10 nt	03 2014
City	State	Zip Code				25.00
Little Rock	AR	72205				ID : 1cc0f631-1e1a-4431-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		10	03 / 2014
Name of Federal Candidate			Support	Office Sough	t:	House District: 00
Mr. Mark L Pryor			Oppose	Preside	ent	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	26866.31		Disbursemer 2014 C		Primary
Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Patrice Wolfe				1	10	03 2014
Mailing Address 9909 Treasure Hill Rd				Amou		2011
,	State	Zip Code		سايا		7.20
	AR	72205				D: ed09805d-39d6-4379-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		10	03 / 2014
Name of Federal Candidate			Support	Office Sough	nt:	House District: 00
Mr. Mark L Pryor			Oppose	Presid	ent	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.3	1	Disbursemer 2014		Primary
				-		
(a) SUBTOTAL of Itemized Independent Expenditures				. •	-	32.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•		
(c) TOTAL Independent Expenditures				•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	05	2014
Signature						-

Schedule E)	DENT EXICID	ITOTIES	PAGE 48 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	t filed on
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination
Mailing Address 3002 Darden Rd			10 03 2014  Amount
Apt A			
City	State	Zip Code	75.00
Greensboro	NC	27407	Transaction ID : de729c3b-c98e-402e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	,	347473.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address			10 03 / 2014
3007 Darden Rd			Amount
City	State	Zip Code	70.00
Greensboro	NC	27407	Transaction ID: 85dc602d-a9b3-44e4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		145.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 05 2014
Signaturo			

Schedule E)	INT EXTEND	TIONES	PAGE 49 OF 88 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	Y
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination	
Mailing Address 3007 Darden Rd			10 03 2014  Amount	_
City	State	Zip Code	18.00	0
Greensboro	NC	27407	Transaction ID : 14172f7d-e2f6-4536-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	<b>)</b>
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For: Primary X Gene 2014 Other (specify) ▶	∍ral ——
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination	
Mailing Address 3007 Darden Rd			10 03 2014 Amount	_
City	State	Zip Code	70.00	
Greensboro	NC	27407	Transaction ID : 3da7a4b8-16a2-4d92-9 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	347473.93	Disbursement For:  Primary	eral
(a) SUBTOTAL of Itemized Independent Expendent	tures		. ▶ 88.00	
(b) SUBTOTAL of Unitemized Independent Expe	nditures			$\exists$
			77-1-79-1-79-1	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 7 2014	
o.g.iataro				

Sch	edule E)	EXI EIID	TOTILO				PAGE 50 OF 88 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
01	V (0 h	V N			M file of a second	- M /	D = D / Y = Y = Y
Chec		New repo	ort Amend	as repoi	rt filed on		
	full Name of Payee Theresa a Youngblood					of Public	Distribution/Dissemination 03 / 2014
N	Mailing Address 102 S Main Street Apt A2				Amou	nt	
C	Dity	State	Zip Code		- [		40.00
L	Berryville	VA	22611				D: 8326529a-0d0b-40aa-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	03 / 2014
Ν	lame of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
1	Ms. Mary L Landrieu		Х Орр	ose	Preside	ent >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	. 1	43592.05		Disbursement 2014 O	t For: ther (sp	Primary
	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Joneisha Stewart				_ N	10 /	03 2014
N	Mailing Address 2329 Runnymede Dr					10	2011
					Amou	nt	
	Dity	State	Zip Code				40.00
	Marrero	LA	70072		Transa Date	ction ID	D: 5d0c019b-07dd-4af6-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	03 2014
١	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Opp	oose	Presid	ent $\sum$	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	143592.05		Disbursemer 2014 C		Primary X General Decify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures	S			<b>•</b>		80.00
(b	) SUBTOTAL of Unitemized Independent Expenditu	ires			•		
(c)	) TOTAL Independent Expenditures				· [	-	
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 /	05	2014
	Signature		_				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee Joneisha Stewart	Date of Public Distribution/Dissemination
	10 / 03 / 2014
Mailing Address 2329 Runnymede Dr	Amount
City State	Zip Code 6.00
Marrero LA	70072 Transaction ID : d53d1c68-2472-44dd-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ►
Full Name of Payee Thomas Dias	Date of Public Distribution/Dissemination
Molling Address	10 / 03 / 2014
Mailing Address 110 Maryella Dr	Amount
City State	Zip Code 50.00
Searcy AR	72143 Transaction ID : 0e5b492f-5a05-4271-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 03 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General  2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>-</b>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 10 05 2014
Signature	

PAGE 51

OF

88

Schedule E)	PAGE 52 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date Thomas Dias	of Public Distribution/Dissemination
Mailing Address 110 Maryella Dr	10 03 2014
Amo	ount
City State Zip Code Searcy AR 72143 Tran	29.40 nsaction ID : a185a8d1-1914-4bca-9
	e of Disbursement or Obligation  10 03 2014
Name of Federal Candidate	aht: House District: 00
Mr. Mark L Pryor  Mr. Mark L Pryor  Office Sough Presi	grit
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
Full Name of Payee Date	e of Public Distribution/Dissemination
Clarissa Smith	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address HU 10233 915 E Mancet Ave	punt
City State Zip Code	30.00
Date	saction ID : 5f44046f-b81e-43cd-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 03 / Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014 2014	ent For:
( ) QUIDTOTAL ( ) 1 1 1 1 1 1 1 5 1 1 1	
(a) SUBTOTAL of Itemized Independent Expenditures	59.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IVI EXI END	HONES	<u> </u>	PAGE 53 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Clarissa Smith			10	03 / 2014
Mailing Address HU 10233 915 E Mancet Ave			Amount	
City	State	Zip Code		28.50
Searcy	AR	72149		: ff6b4e1a-b8d8-4f22-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Caleb A Smith			10	03 / 2014
Mailing Address 2646 N Valencia			Amount	
City	State	Zip Code		50.00
Fayetteville	AR	72703		d7536c3a-7db7-4545-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	126866.31	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			78.50
(b) SUBTOTAL of Uniternized Independent Expen	dituros			
(b) SUBTUTAL OF Officernized independent Experi	altures		•	4
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05	2014
-				

Schedule E)	ENT EXICIO	TIONES	PAGE 54 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination
Mailing Address 2646 N Valencia			10 03 / 2014
			Amount
City	State	Zip Code	12.60
Fayetteville	AR	72703	Transaction ID: 543b3408-3b42-493b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			10 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	70.00
Mandeville	LA	70471	Transaction ID: 79f3b42a-b8ab-48e3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	143592.05	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		82.60
			7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LAI LINDI	TOTILO		PAGE 55 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	X New repo	ort Amends	report fi	iled on
Full Name of Payee  Jeanne Tribou				Date of Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.				10 03 7 2014
ZZSOS FOILUGIOSA DI.				Amount
City	tate	Zip Code		9.60
Mandeville	LA	70471		Transaction ID : f8c0dacf-0c73-4883-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	ort O	ffice Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	43592.05		isbursement For: ☐ Primary X General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Colton R Overcash				10 03 2014
Mailing Address 121 Ohara Dr				10 00 2014
				Amount
City	tate	Zip Code		70.00
	NC	28147		Transaction ID: 0e396e19-f82a-4b80-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 / 03 / 2014
Name of Federal Candidate		Supp	ort O	office Sought: House District: 00
Ms. Kay Hagan		X Oppo	se	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93		isbursement For:  Primary
<del>-</del>				
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	79.60
(b) SUBTOTAL of Unitemized Independent Expenditures	S		······ Þ	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate coparty committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10 05 2014
Signature				

Sche	dule E)	<b>L</b> /(1 <b>L</b> /(2)	101120				PAGE 56 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Won	nen Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M M /	D = D / Y = Y = Y
	I Name of Payee olton R Overcash				Date	of Public	c Distribution/Dissemination
Ма	iling Address 121 Ohara Dr				Amo	10	03 2014
					Allo	unt	
City			Zip Code	_	_   <u> </u> _		27.30
	alisbury	NC	28147				ID: d25dc1c9-0bcf-4650-b ursement or Obligation
	rpose of Expenditure leage		Category/ Type	002		M M M 10	03 / 2014
Na	me of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
Ms	s. Kay Hagan			ppose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	347473.93		Disburseme	nt For: Other (sp	Primary ☐ General
Ful	Name of Payee						c Distribution/Dissemination
	lice K Salazar					M = M	/ D D / Y Y Y Y
Ma	illing Address 605 W Houston St				I	10	03 2014
	302 10 1123200 21				Amo	unt	
Cit	у	State	Zip Code				50.00
M	arshall	TX	75633		<b>Trans</b> Date	action II	D: e1c554e9-2ec0-4643-9 ursement or Obligation
	rpose of Expenditure alary		Category/ Type	001		M 10	03 2014
Na	me of Federal Candidate		Sı	upport	Office Soug	ght:	House District: 00
Ms	s. Mary L Landrieu		X		Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		143592.05		Disburseme 2014	ent For: Other (sp	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	;			•	-	77.30
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			•		
(c)	TOTAL Independent Expenditures				•		7
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized					
_	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	05	2014
S	Signature						

Schedule E)	PAGE 57 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M
Alice K Salazar	of Public Distribution/Dissemination
Mailing Address 605 W Houston St Amou	10 03 2014 unt
City State Zip Code	55.50
Marshall TX 75633 Trans	saction ID : d009f1dc-eb38-4d36-8 of Disbursement or Obligation
Purpose of Expenditure	10 03 / 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu Oppose Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  O	nt For:
April F Madrid	of Public Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle Amou	10 03 2014 unt
City State Zip Code	40.00
Bossier City LA 71111 Transa Date	action ID : 5582791f-f920-4467-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	10 03 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014  OCC  Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	95.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	II EXI END	ITOTILO	<u> </u>	PAGE 58 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee April E Madrid			Date of Public I	Distribution/Dissemination
Mailing Address 2153 Sweet Bay Circle			10 Amount	03 2014
City  Bossier City	State LA	Zip Code 71111		12.90 : <b>453d22fa-29e3-4e9c-9</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Man / 10	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, ,	143592.05	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Timothy Foley	-		Date of Public	Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace			10	03 2014
			Amount	
City	State	Zip Code		40.00
Sterling Purpose of Expenditure	VA	20165		: 9a9512de-7be4-4137-a sement or Obligation
Salary		Category/ Type 001	10	03 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	143592.05	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es		<b>.</b>	52.90
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(a) actions an emember mapping in Expense.			-	4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 05	2014
-				

Schedule E)	I EXI END			PAGE 59 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee Chris McCoy				f Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct				10 03 2014
1025 Cayley Ct			Amoun	t
City	State	Zip Code	<u> П.                                    </u>	70.00
High Point	NC	27260		ction ID: 5600e994-da17-4ad1-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 03 2014
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	47473.93	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Chris McCoy				10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amoun	nt
City	State	Zip Code		16.20
High Point	NC	27260	Transac Date o	ction ID : efd1cf6b-17cd-4c5f-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 03 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	347473.93	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		• •	86.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· [	7 7 7
(c) TOTAL Independent Expenditures			· [	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	NOE! ENDEN! EXI END	TIONES		PAGE 60 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
			M = M /	D = D / Y = Y = Y
	8-hour report X New rep	port Amends repo	rt filed on	
Full Name of Payee Peggy A Sides			M = M	c Distribution/Dissemination
Mailing Address 2183 Spokane F	Rd		Amount	03 2014
0''	0	7: 0 1		20.00
City Fayetteville	State NC	Zip Code 28304		30.00 D : bae52bc6-3237-42b9-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation  03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	347473.93	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee	-		Date of Publi	c Distribution/Dissemination
Peggy A Sides			10 M	03 2014
Mailing Address 2183 Spokane	e Rd		Amount	
City	State	Zip Code		6.00
Fayetteville	NC	28304		D: 498ae63f-63a1-4179-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	347473.93	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
( ) QUETOTAL ( )				
(a) SUBTOTAL of Itemized Indepo	endent Expenditures		<b>)</b>	36.00
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		. >	79-11-75-1
(c) TOTAL Independent Expenditu	ıres		<b>•</b>	
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 05	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)		PAGE 61 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination
Mailing Address 506 N Horton Street		10 03 / 2014
		Amount
City Sta	r	60.00
Searcy A	R 72143	Transaction ID: dee9dbf4-5bc3-4571-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 03 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General  Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Parker H Morrow		M M / D D / Y Y Y Y
Mailing Address 506 N Horton Street		10 03 2014
506 N Horton Street		Amount
City Sta	ate Zip Code	37.20
Searcy A	R 72143	Transaction ID: 47c8d257-02aa-4e97-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 03 7 2014
Name of Federal Candidate	Support (	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		97.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		PAGE 62 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination
Mailing Address 506 N Horton Street		10 03 2014 Amount
City State Searcy AR	Zip Code 72143	40.00 Transaction ID: df825357-f919-4dc1-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  10 03 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee Parker H Morrow  Mailing Address 506 N Horton Street		Date of Public Distribution/Dissemination  10 03 / Y 2014  Amount
City State	Zip Code	20.70
Searcy AR	72143	Transaction ID : f6e83698-84c6-43e8-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 03 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		60.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	lectronically Filed] Date	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	INT EXILIND	ITOTILO		PAGE 63 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Stuart T Haley			M 10	03 2014
Mailing Address 600 W Vine Ave			Amount	
City	State	Zip Code		95.00
Searcy	AR	72143		ID: b7422771-4353-4a1a-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	126866.31	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Rebecca A Shearer			10	03 2014
Mailing Address 6544 Arno College Grove Rd			Amount	
City	State	Zip Code		40.00
College Grove	TN	37046		ID: 7f187f45-9397-4194-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 n	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	126866.31	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			135.00
			4	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 05	2014
•				

Sch	nedule E)		TOTILO				PAGE 64 OF 88 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Ar	nends repo	ort filed on	M M /	D = D / Y = Y = Y
T	Full Name of Payee				D	ate of Public	c Distribution/Dissemination
	Rebecca A Shearer					10 /	03 2014
ľ	Mailing Address 6544 Arno College Grove Rd				А	mount	
-	City State		Zip Code				20.70
L	College Grove TN		37046				ID: 44dfa09b-24bd-466c-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			10	03 / 2014
Ī	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	. 1	26866.31		Disburse 2014	ment For: Other (sp	Primary
	Full Name of Payee				D	ate of Publi	c Distribution/Dissemination
1	Michael Vidrine					M M	/ D D / Y Y Y Y Y
ŀ	Mailing Address 1103 West Wilson Street					10	03 2014
	o Tios west wilson sheet				A	mount	
	City State	)	Zip Code				55.00
	Ville Platte LA		70586		Tra	ansaction II ate of Disbu	D: d41c5636-33ad-4ec9-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			10	03 / 2014
Γ	Name of Federal Candidate			Support	Office S	ought:	House District: 00
	Ms. Mary L Landrieu			Oppose	Pr	esident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	143592.0	05	Disburse 2014	ement For: Other (sp	Primary X General Decify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures	•••••			· •	7	75.70
(k	o) SUBTOTAL of Unitemized Independent Expenditures				. •		117117
(0	c) TOTAL Independent Expenditures						
W	nder penalty of perjury I certify that the independent expitith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	/ 05	2014
	Signature		_				

Schedule I		TI EXI END	1101120		PAGE 65 OF 88 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women \$	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	"M" / D "D / Y "Y "Y "Y
Full Name	e of Payee			Date	of Public Distribution/Dissemination
Micha	el Vidrine				10 03 2014
Mailing A	ddress 1103 West Wilson Street			Amou	nt
City		State	Zip Code		27.60
Ville Platt		LA	70586		action ID : 2e3926a1-43fb-4c92-a of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002		10 03 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		X Oppose	Preside	ent Senate State: LA
	ndar Year-To-Date Election for Office Sought	, , , 1	143592.05	Disbursemen 2014 O	t For:
Full Name Xavier	e of Payee			Date	of Public Distribution/Dissemination
Aaviei	Miller			IV.	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 407 randall Dr			Amou	
City		State	Zip Code		95.00
Searcy		AR	72143	Transa Date	action ID : 0c8a142d-34ca-4c26-9 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		10 03 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		126866.31	Disbursemen 2014	nt For:
(a) SUBTO	<b>DTAL</b> of Itemized Independent Expenditu	res			122.60
(b) SUBTO	OTAL of Unitemized Independent Expendent	ditures		·· •	
(c) TOTAL	Independent Expenditures			· [	
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	re		_		

Schedule E)				PAGE 66 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		* M / D = D / Y = Y = Y
Full Name of Payee Xavier Miller				of Public Distribution/Dissemination
Mailing Address 407 randall Dr			Amou	10 03 2014 nt
City	State	Zip Code		81.00
	AR	72143		action ID : d71e851b-7f17-4ff9-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 03 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	26866.31	Disbursemen 2014 O	t For:
Full Name of Payee Eva M Johnston				of Public Distribution/Dissemination
Mailing Address 2517 N 47th St			Amou	10 03 2014 nt
City	State	Zip Code	— r	25.00
Milwaukee	WI	53210		ction ID: 12550973-283b-4132-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	The state of the s	10 03 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursemen 2014 C	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				106.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10	05 / Y Y Y Y Y Y 2014

Schedule E)	011. 01. 11.12. 2.12	/EI41 E/A E142	1101120		PAGE 67 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
a	. 🗸	<b>V</b>	. 🗆 .		M / D D / Y Y Y Y
Check if 24-hour r		New rep	oort Amends repo	ort filed on	
Natalie M Fo					of Public Distribution/Dissemination
Mailing Address 10	957 Waldron Road			Amou	
City		State	Zip Code	— I	42.00
LaVergne		TN	37086		action ID : 61bf8faa-322f-44c6-9 of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		10 03 / 2014
Name of Federal C	andidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Year- Per Election fo	To-Date or Office Sought	.,.,	126866.31	Disbursemen 2014 O	t For:
Full Name of Payer	Э			Date	of Public Distribution/Dissemination
Tylan S Gree	1			IV	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2320 Saint Nick Dr				10 00 2011
				Amou	nt
City		State	Zip Code		70.00
New Orleans		LA	70131	Transa Date	ction ID : a190e569-daeb-4325-b of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001	N	10 03 7 2014
Name of Federal C	andidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrie	u		Oppose	Preside	
Calendar Year Per Election fo	To-Date or Office Sought		143592.05	Disbursemen 2014 O	t For:
(a) SUBTOTAL of It	emized Independent Expen	ditures		•	112.00
(b) SUBTOTAL of U	Initemized Independent Exp	enditures		· •	7 1 7 1 7 1
(c) TOTAL Independ	dent Expenditures			•	7 7 7
with, or at the reque		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emi	ly Buchanan	[Electron	nically Filed] Date	M = M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	TO EXILIDA			PAGE 68 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee Tylan S Green				f Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr				10 03 2014
2320 Saint Nick Dr			Amoun	t
City	State	Zip Code	<b>—</b> Г.	16.50
New Orleans	LA	70131		ction ID: a65411f0-c16a-4d2c-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 03 7 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	143592.05	Disbursement 2014 Ott	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Evelyn Lesaicherre				10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amour	nt
City	State	Zip Code		75.00
Metairie	LA	70001	Transac Date o	ction ID: 03d3493e-19e2-4def-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 03 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires		•	91.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		NDIT STILL		PAGE 69 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC	;			C00530766
Check if 24-hour report	48-hour report New	report Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			Date of Public	c Distribution/Dissemination
Mailing Address 629 Radiance	 Ave		10 Amount	03 2014
25.	Ctata	7th Oada		2.00
City Metairie	State LA	Zip Code 70001		3.00 <b>D : 244af055-765d-49ad-9</b> Irsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Man 10	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	143592.05	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Rachel H Young  Mailing Address Box #11543	915 E Market Ave		Date of Public  10  Amount	c Distribution/Dissemination
City	State	Zip Code		42.00
Searcy	AR	72149	Transaction IE  Date of Disbu	D: ccc3de5a-5095-44f6-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 n	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sou	ght	126866.31	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		•	45.00
(b) SUBTOTAL of Unitermized In	dependent Expenditures		<b>&gt;</b>	7 7
(c) TOTAL Independent Expendi	tures		<b>)</b>	
Under penalty of perjury I certify with, or at the request or sugges party committee) any political party	tion of, any candidate or author			
Ms. Emily Buchanan	[Elec	etronically Filed] Date	10 / D D	2014
Signature				

Sched	lule E)	EXI END	101120		PAGE 70 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
		<u>Z</u>			
	Name of Payee achel H Young				of Public Distribution/Dissemination
Mail	ing Address Box #11543 915 E Market Ave			Amou	unt
City		State	Zip Code	$-\Gamma$	27.03
	arcy	AR	72149		saction ID: 886213f7-43ce-4341-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr.	Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	. 1	26866.31	Disbursemer 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Br	andy Starns				10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 300 Evangeline St				10 00 2011
	•			Amou	unt
City	,	State	Zip Code	<b>П</b> Г.	50.00
	nroe	LA	71201		action ID : 2a21914d-5998-493c-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		10 03 2014
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	143592.05	Disbursemer 2014	ent For:  Primary
(a) S	SUBTOTAL of Itemized Independent Expenditures	S		▶	77.03
(b) S	SUBTOTAL of Unitemized Independent Expenditu	res		· •	14141
(c) T	OTAL Independent Expenditures			· ·	7
with,	r penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature		_		

· · · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report filed	I on Man / Dab / Yayayay
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
•		10 03 2014
Mailing Address 300 Evangeline St		Amount
City State	Zip Code	7.50
Monroe LA	71201	Transaction ID: b96dd23d-696b-4bfd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 03 / Y 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	143592.05 Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Eleanor McCoy		10 03 2014
Mailing Address 4902 Catawba Dr		Amount
City State	Zip Code	30.00
Greensboro NC	27407	Transaction ID : eb25272a-f675-47eb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	347473.93 Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	<b></b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

OF

88

Sched	ule E)	EXI EIID	101120		PAGE 72 OF 88 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
011- 16		V N		M filed as	-M / D D / Y = Y = Y
Check if		New repo	ort Amends repo	rt filed on	
	Name of Payee eanor McCoy				of Public Distribution/Dissemination
Maili	ng Address 4902 Catawba Dr			Amou	
City		State	Zip Code	— I	11.40
	ensboro	NC	27407		action ID : 8cd90c72-a753-4bc3-9 of Disbursement or Obligation
Purp Mile	ose of Expenditure age		Category/ Type 002		10 03 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	47473.93	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Da	nielle McCoy			IV	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 1025 Cayley Ct				
				Amou	nt
City		State	Zip Code		70.00
	h Point	NC	27260	Transa Date	ction ID: 6b015367-4da8-4539-9 of Disbursement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001	N	10 03 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	347473.93	Disbursemen 2014 O	t For:
(a) S	UBTOTAL of Itemized Independent Expenditures	S		· <b>•</b>	81.40
(b) S	UBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7
(c) T	OTAL Independent Expenditures			•	7
with, o	penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	gnature				

Schedule E)	PAGE 73 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	10 03 2014 Amount
City. Chale 7in Code	10.20
City State Zip Code High Point NC 27260	Transaction ID : 69315aa8-8580-42d0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	10 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcinati Total To Bato	Disbursement For:  Primary  General  General  Other (specify) ►
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST	10 03 2014 Amount
City State Zip Code	60.00
METAIRIE LA 70003	Transaction ID : 541bfb2f-67d9-4181-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	10 03 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	78.30
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	OI	<b>L</b> /(1 <b>L</b> /(2)	101120				PAGE 74 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fu						FEC II	DENTIFICATION NUMBER ▼
Women Speak Out F	AC					C	C00530766
							00030700
Check if 24-hour report	X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M	/ D = D / Y = Y = Y
Full Name of Payee					Date	of Publi	c Distribution/Dissemination
Carla A Wells						M 10	03 2014
Mailing Address 2013 Woo	odwind Way				Amo	ount	
City		State	Zip Code				31.50
Van Buren		NC	72956				ID : b437c362-6e81-4be2-b
Purpose of Expenditure			Category/	201	Date	M M	ursement or Obligation
Salary			Type	001		10	03 2014
Name of Federal Candidate	9		Su	upport	Office Sou	ght:	House District: 00
Mr. Mark L Pryor			X Op	ppose	Presi	dent	Senate State: AR
Calendar Year-To-Date Per Election for Office		, 1	26866.31		Disburseme 2014	ent For: Other (sp	Primary
Full Name of Payee							ic Distribution/Dissemination
Carla A Wells						M M M	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2013 W	oodwind Way						00 2014
	-				Amo	ount	
City		State	Zip Code				7.50
Van Buren		NC	72956		<b>Tran</b> Date	saction II e of Disb	D: 99d35a95-31a9-4cfd-b ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002	$\Box \mid \cdot \mid$	10 <sup>M</sup>	03 2014
Name of Federal Candidate	е		Sı	upport	Office Sou	ght:	House District: 00
Mr. Mark L Pryor			X o	ppose	Pres	ident	Senate State: AR
Calendar Year-To-Date Per Election for Office			126866.31		Disburseme 2014	ent For: Other (sp	Primary
							, <u> </u>
(a) SUBTOTAL of Itemized	Independent Expenditures	<b>;</b>			•		39.00
(b) SUBTOTAL of Unitemize	ed Independent Expenditu	res					
					, F		
(c) TOTAL Independent Exp	penditures				•	7	
	ggestion of, any candidate	e or authorized					tion, consultation, or concert orting entity is not a political
Ms. Emily Bucha	ınan	[Electron	ically Filed]	Date	10	05	/ Y Y Y Y Y Y 2014
Signature			_				

Schedule	E)	II EXPEND	TOTILS		PAGE 75 OF 88 FOR SE OF FORM 24/48
NAME OF C	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
	ne of Payee er M Gregory			M	f Public Distribution/Dissemination
Mailing	Address 1710 Elfen Glen St Apt 114B			Amour	10 03 2014 ut
City		State	Zip Code		34.50
Van Bu		AR	72956		action ID : eefdeeab-305e-468d-a f Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	10 03 / 2014
Name o	f Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mai	k L Pryor		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	1	26866.31	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
	me of Payee			Date o	f Public Distribution/Dissemination
Ambe	er M Gregory			M	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 1710 Elfen Glen St Apt 114B			Amour	nt
City		State	Zip Code		7.50
Van Bu		AR	72956		ction ID : 2f18a88f-7072-44f2-b of Disbursement or Obligation
Mileage	e of Expenditure e		Category/ Type 002		10 03 7 2014
Name o	f Federal Candidate		Support	Office Sough	: House District:00
Mr. Mai	k L Pryor		X Oppose	Preside	nt Senate State: AR
	lendar Year-To-Date r Election for Office Sought	, , ,	126866.31	Disbursement 2014 Ot	For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditur	es		•	42.00
(b) SUB	TOTAL of Unitemized Independent Expendi	tures		• •	7
(c) TOTA	NL Independent Expenditures			•	
with, or a	nalty of perjury I certify that the independent the request or suggestion of, any candidantitee) any political party committee or its	ate or authorized			
Signa	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0					

Sc	hedule E)	PAGE 76 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Ol	V Norman D Amenda word field	M = M / D = D / Y = Y = Y
_	eck if 24-hour report 48-hour report New report Amends report filed	on
	Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination  10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 110 W Pecan St	Amount
ŀ	City State Zip Code	50.00
	Ville Platte LA 70586	Transaction ID: 9ad369d8-1188-4a6c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 03 / 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Christopher Marquess	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 110 W Pecan St	
1		Amount
ľ	City State Zip Code	34.50
	Ville Platte LA 70586	Transaction ID: 699b4164-ef3f-4795-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	84.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 05 2014
	Signature	

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 77 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 03 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	20.00
Shreveport	LA	71104	Transaction ID: 72a6da43-95d3-4974-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	143592.05	Disbursement For:  Primary  General  2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			10 03 7 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	34.20
Shreveport	LA	71104	Transaction ID: 8d55470f-988c-49d6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 54.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 7 2014
-			

Schedule E)		1101120		PAGE 78 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	t X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Christine Stevens			Date of Publ	lic Distribution/Dissemination  / 03
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		ID: 1d1d3e60-b43a-45ce-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	03 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Jazmine d Conner			10 N	03 2014
Mailing Address 100 ASBURY CT				2011
			Amount	
City	State	Zip Code		60.00
WINCHESTER	VA	22602	Transaction I Date of Disb	ID: a21e3a18-a8f7-4d57-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 n	03 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>•</b>	130.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 05	2014
Signature		_		

Sched	lule E)	-/1 -/1 -112	1101120		PAGE 79 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worr	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full	Name of Payee			Date o	f Public Distribution/Dissemination
	on E Conner				10 03 7 2014
Maı	ling Address 100 Asbury Ct			Amoun	t
City	,	State	Zip Code	— Г	70.00
	nchester	VA	22602		action ID : 24225530-647c-4835-b f Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	10 03 7 2014
Nan	ne of Federal Candidate		Support	Office Sought	: House District: 00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	143592.05	Disbursement 2014 Ott	For: Primary
	Name of Payee			Date o	f Public Distribution/Dissemination
R	odney O Culbreath				10 / D D / Y Y Y Y Y
	iling Address 100 Asbury Ct			L	10 03 2014
	o Too Assury Ot			Amour	nt
City	/	State	Zip Code		80.00
<u> </u>	nchester	VA	22602	Transac Date o	ction ID : 2413487f-6ce6-47e1-b f Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	10 03 / 2014
Nar	ne of Federal Candidate		Support	Office Sought	: House District: 00
Ms	. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditur	98		<b>•</b>	150.00
(b) S	SUBTOTAL of Unitemized Independent Expendi	tures		• •	7 7 7
(c) 1	TOTAL Independent Expenditures			•	7
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / I	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	ignature		_		

Schedule E)	DENT EXPEND	TIONES	PAGE 80 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT			10 03 2014
3200 Dam Neck Rd			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : e0638c38-d7cc-4e57-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			10 03 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : efa30dad-c9f6-4e9e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		143592.05	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		140.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		·
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	PAGE 81 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on Amends report filed on
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	10 03 2014  Amount
City State Zip	o Code 35.00
•	Transaction ID : 96a1ef3a-ae14-4333-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	10 / 03 / 2014
5 552 i Kandolpii St.	Amount
City State Zi	p Code 1.80
	0072 Transaction ID : 2bc14e07-2a83-4da1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 03 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	36.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronical	(ly Filed) Date 10 05 2014
Signature	

Schedu	ile E)	. EXI EIID	101120		PAGE 82 OF 88 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
				M	-M / D D / Y Y Y Y
Check if	24-hour report	New repo	ort Amends repo	rt filed on	
	Name of Payee Ily Dolan				of Public Distribution/Dissemination
	ng Address 543 S 2nd St				10 03 7 2014
	5 - 2 - 345 5 2 iiu 5t			Amou	nt
City		State	Zip Code		70.00
Bella	aire	NC	77401		action ID: 11fd3263-b967-4405-b  of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001		10 03 / 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 1	43592.05	Disbursement 2014 O	t For: Primary ⊠ General
	Name of Payee			Date of	of Public Distribution/Dissemination
Kel	ly Dolan			I M	10 / D D / Y Y Y Y
Mailir	ng Address 543 S 2nd St				10 03 2014
	5 545 5 2Hd 5t			Amou	nt
City		State	Zip Code		10.50
Bella		NC	77401	Transa Date	ction ID: 50a82ca3-2ff2-4228-a of Disbursement or Obligation
Purpo Mile	ose of Expenditure age		Category/ Type 002	M	10 03 7 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. I	Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	143592.05	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) Sl	JBTOTAL of Itemized Independent Expenditure	s		•	80.50
(b) Sl	JBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TO	OTAL Independent Expenditures			•	7
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature				

Sc	hedule E)	PAGE 83 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed o	n
_	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	10 03 2014
	Mailing Address 2357 Fancy Cap Rd	Amount
ŀ	City State Zip Code	40.00
		Transaction ID : 7aa79685-8c91-431e-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office S	Sought: House District:00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
ſ		Date of Public Distribution/Dissemination
1	Ms. Tonya Boyd	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 2357 Fancy Cap Rd	.0 .0
1		Amount
ľ	City State Zip Code	8.28
		ransaction ID: 3774d213-f0ec-4859-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	10 / 03 / 2014
ľ	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	48.28
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Sche	edule E)	<b>L</b> /( <b>L</b> ( <b>L</b> )					PAGE 84 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Woı	men Speak Out PAC					С	C00530766
						M M	/ D D / Y Y Y Y
Check	if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on		
	ll Name of Payee Ralph Smith				Dat	e of Publi	c Distribution/Dissemination
Ma	ailing Address 2090 Fancy Gap Rd				Am	ount	03 2014
Ci	tv (	State	Zip Code			• • •	40.00
-	1t. Airy	NC	27030				ID: 3080b801-99c3-4e9f-a ursement or Obligation
	urpose of Expenditure salary		Category/ Type	001		10	03 2014
Na	ame of Federal Candidate			Support	Office Sou	aht:	House District:00
М	ls. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	347473.93		Disbursem 2014	ent For: Other (sp	Primary ☐ General Decify) ►
Fi.	Name of Payee Ralph Smith				Dat	te of Publi	ic Distribution/Dissemination
M	ailing Address 2090 Fancy Gap Rd					10	03 2014
					Am	ount	
Ci	ity	State	Zip Code				8.28
	At. Airy	NC	27030				D: 01789e80-7d8c-4c80-9 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		10	03 2014
Na	ame of Federal Candidate			Support	Office Sou	ıght:	House District: 00
M	1s. Kay Hagan		X	Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		347473.93	3	Disbursem 2014	nent For: Other (sp	Primary X General pecify) ▶
(a)	<b>SUBTOTAL</b> of Itemized Independent Expenditures.				• •		48.28
(b)	SUBTOTAL of Unitemized Independent Expenditure	əs			· •		
(c)	TOTAL Independent Expenditures				•		
with	der penalty of perjury I certify that the independent , or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron:	ically Filed]	Date	M M M	/ 05	/ Y Y Y Y Y Y 2014
	Signature		_			_	

Schedule E)	PENT EXTEND	TIONES	PAGE 85 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr Apt 101			10
City Oak Creek	State WI	Zip Code 53154	38.20  Transaction ID: 16d0155f-fb3b-4271-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,-,-,	143592.05	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher L Brazil			10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5560 Dogwood Dr			Amount
City	State	Zip Code	30.00
Winston Salem	NC	27105	Transaction ID : 203226f2-922a-43b5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		347473.93	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		68.20
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
			7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataio			

Schedule E)	TOTAL O	PAGE 86 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee Christopher L Brazil		Date of Public Distribution/Dissemination
Mailing Address 5560 Dogwood Dr		10 03 2014  Amount
City State	Zip Code	3.00
Winston Salem NC	27105	Transaction ID: 85b0d770-73bf-465f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 03 / Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd		10 03 2014 Amount
City State	Zip Code	60.00
goldonna LA	71031	Transaction ID : f9cf4f9d-747d-40ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 03 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	10 05 2014
Signature		

Schedule E)	JENT EXTEND	TIONES	PAGE 87 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination
			10 03 / 2014
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	3.60
goldonna	LA	71031	Transaction ID: 03a851d9-d403-43d7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 03 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	143592.05	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Camille N Yearry			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2025 NE 67th St			Amount
City	State	Zip Code	40.00
Gladstone	MO	64118	Transaction ID: e5679bfa-7a5d-4edb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 03 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		126866.31	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		43.60
(I) OUDTOTAL (III II I	100		
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	indidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 88 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee Camille N Yearry	Date of Public Distribution/Dissemination
Mailing Address 2025 NE 67th St	10 03 Y Y Y Y Y Y Y
ZOZS NE 67th St	Amount
City State Zip Code	22.59
Gladstone MO 64118	Transaction ID : dbb769cd-71c1-4ea6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	Man / Dad / Yayayay
Name of Federal Candidate Support Of	ffice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	22.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6308.18
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 05 2014
Signature	